

[Print](#) this form or [Go Back](#)



**Campaign Finance
Appointment of Treasurer or
Candidate Committee Form
For Candidate For State Office**

Governmental Ethics Commission
901 S. Kansas Avenue
Topeka, KS 66612
Phone (785) 296-4219
Fax (785) 296-2548
ethics.kansas.gov

This is an (Check one) ☐ Initial Appointment ☒ Amended Statement

Candidate Candidate Name: **Aidan L Koster**
Address: **1815 E 800 Rd**
Address2:
City: **Lecompton** Zip: **66050**
Home Phone: **(785) 251-0807** Business Phone: Cell Phone:
County: **Douglas** Email Address: **kosterforkansas@gmail.com**
Office Sought: **State Representative** District No.: **45**

Treasurer Date Appointed: **06/29/2017**
Treasurer Name: **Cassie Weatherwax-Brack**
Address: **6316 Steeple Chase Drive**
Address2:
City: **Lawrence** State: **KS** Zip: **66049**
Home Telephone: **(785) 251-0807** Business Phone: Cell Phone:
Email Address: **koster45treasurer@gmail.com**

Candidate Date Appointed:
Committee Chairperson's Name:
Address:
Address2:
City: State: Zip:
Home Telephone: Business Phone: Cell Phone:
Email Address:

Date Appointed:
Treasurer's Name:
Address:
Address2:
City: State: Zip:
Home Telephone: Business Phone: Cell Phone:

Email Address:

I declare that this statement has been examined by me and to the best of my knowledge and belief is true, correct and complete. I understand that the intentional failure to file this document or intentionally filing a false document is a class A misdemeanor.

Executed on:

Date: **1/18/2019 9:09:36 AM** Signature of Candidate: **Cassie Weatherwax-Brack**

[Print](#) this form or [Go Back](#)

[Print this form](#) or [Go Back](#)



**Campaign Finance
Appointment of Treasurer or
Candidate Committee Form
For Candidate For State Office**

Governmental Ethics Commission
901 S. Kansas Avenue
Topeka, KS 66612
Phone (785) 296-4219
Fax (785) 296-2548
ethics.kansas.gov

This is an (Check one) ☒ **Initial Appointment** ☐ **Amended Statement**

Candidate Candidate Name: **Aidan L Koster**
Address: **1815 E 800 Rd**
Address2:
City: **Lecompton** Zip: **66050**
Home Phone: **(785) 251-0807** Business Phone: Cell Phone:
County: **Douglas** Email Address: **kosterforkansas@gmail.com**
Office Sought: **State Representative** District No.: **45**

Treasurer Date Appointed: **06/29/2017**
Treasurer Name: **Cassie Weatherwax-Brack**
Address: **929 Essex Ct.**
Address2:
City: **Lawrence** State: **KS** Zip: **66049**
Home Telephone: **(785) 251-0807** Business Phone: Cell Phone:
Email Address: **koster45treasurer@gmail.com**

Candidate Date Appointed:
Committee Chairperson's Name:
Address:
Address2:
City: State: Zip:
Home Telephone: Business Phone: Cell Phone:
Email Address:

Date Appointed:
Treasurer's Name:
Address:
Address2:
City: State: Zip:
Home Telephone: Business Phone: Cell Phone:

Email Address:

I declare that this statement has been examined by me and to the best of my knowledge and belief is true, correct and complete. I understand that the intentional failure to file this document or intentionally filing a false document is a class A misdemeanor.

Executed on:

Date: **6/29/2017 10:08:27 AM** Signature of Candidate: **Aidan L Koster**

[Print this form](#) or [Go Back](#)